REMARKS/ARGUMENTS

Reconsideration of the above-identified patent application is respectfully requested in view of the foregoing amendments and the following remarks. Claims 1 - 28 were previously cancelled, without prejudice. Claim 29 had been deemed allowable since February 7, 2006. A new Examiner was then assigned, who has rejected claim 29 in her latest Office Action dated March 14, 2008. Applicant, Applicant's attorney, Maxine Barasch, Examiner Bashaw, and Examiner John Wilson met on June 2, 2008 for an interview regarding the application. In accordance with the discussion during the interview, Applicant has currently amended claim 29. Claims 30 - 44 are new, and a check for $480 is enclosed herewith as payment for them.

Applicant's claim 29, as currently amended, claims an invention for a method of drilling and cutting to prepare an osteotomy in a jawbone using various portions of a single, one-piece multifunctional dental surgical tool.

The Examiner rejected Applicant's claim 29 under 35 U.S.C. §103(a) as being unpatentable over U.S. Patent No. 6,364,662 for DIAMOND-LIKE CARBON COATED DENTAL INSTRUMENT, issued to Ajay Kumar on April 2, 2002, in view of U.S. Patent No. 6,325,627 for METHOD AND APPARATUS FOR PERFORMING RIDGE PRESERVATION AND IMPLANT TREATMENT, issued to Arthur Ashman on December 4, 2001. Applicant respectfully disagrees.

Applicant has amended claim 29 to recite use of a "single, one-piece" multifunctional dental surgical tool. KUMAR shows in his disclosure tool bits, which are SEPARATE pieces. KUMAR's tool bit 10 can be EITHER a tool bit 10 for forming an implant-receiving osteotomy, OR a hard carbon coated dental counterbore or countersink 10'', OR a hard carbon coated dental threadformer or tapping bit 10'. Additionally, the tool bit can comprise a hard carbon coated cutting tip 10a of an osteotome or dental cutting system/apparatus 110a. Each separate tool bit shown in

KUMAR must be used one at a time. After a doctor is done with one bit, he/she must remove that bit, and replace it with another bit or tool. This makes the process more time-consuming, and increases room for error.

Applicant has amended claim 29 to recite use of "a dual lobed single plane" osteotomy locator tip. KUMAR's tip is formed from the convergence of three flutes (FIGS. 3 and 4), whereas Applicant's tip is formed from a single piece having a sharp point at its distal end (FIG. 1). The problem with the drill bit shown in KUMAR's FIGS. 3 and 4, is that bone is not usually even and flat, so the mechanical stresses on each of the three flutes will not be the same. This causes the drill to physically wander and vibrate, rendering the drill unstable when in use. It is impossible to precisely locate an osseous implant site if the tip is not stable! Applicant's locator tip is stable when in use because mechanical stresses are evenly distributed throughout the tip due to its design as a solid, single, planar piece. In usual practice, if a

doctor were to utilize a drill bit like that shown in KUMAR's FIGS. 3 and 4, a doctor would first use a separate instrument to locate the osseous implant site. In contrast, Applicant's single tool bit can both locate the osseous implant site and drill the osteotomy.

Applicant has amended claim 29 to recite use of a crestal bone height reducer operatively formed "as serrated edges on" a cutting and drilling blade. The serrations are shown on the cutting and drilling blade in FIGURE 1 of the application. The Examiner provides in her Office Action that KUMAR shows multifaceted cutting edges labeled as reference no. 34 for creating a crestal bone height reducer. However, KUMAR's reference no. 34 simply refers to "side cutting edges" (col. 6, line 45). As shown in KUMAR's FIGS. 3 and 4, side cutting edges 34 are positioned to cut vertical holes. Applicant's bone height reducer has blades with serrated cutting edges to cut from the height of the bone rather than the side of the osteotomy.

The Examiner contends that KUMAR's reference no. 44 is a crestal bone height reducer. Reference no. 44 refers to "depth indicating bands" (col. 7, lines 22 - 23), which "are a visual indicator of the depth of bone penetration..." (col. 7, lines 23 - 24). The bands have absolutely no crestal bone height reducing capabilities at all.

Applicant has amended claim 29 in accordance with the interview of June 2, 2008. Applicant, therefore, believes that he has overcome the rejection under 35 U.S.C. §103.

Applicant believes that claims 29 - 44 are now in condition for allowance, and respectfully requests that claims 29 - 44 be allowed, and that the application be passed to issue.

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